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ICANotes  
Behavioral Health EHR

Chart Room

Chart Face

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SOS  
610 N. Silver St  
Silver City, NM 88061  
  
575-956-6131  
575-956-6947  
**Attson, Stephanie**  
ID: 151 DOB: 8/18/1987  
**Case Management Note (SOS)**

Use Note Creation Time

Clear Time

Set Date/Time

7/28/2023  
6:04 PM

Presenting Problem:  
Anxiety is still experienced by Stephanie.  
Symptoms of depression continue to be described.  
Mood swings continue.  
  
Recent History:  
Alcohol and substance abuse, impairment in the functional domains of independent living, working, and learning.  
Client has an injured leg due to being attacked by several people prior to staying at the shelter.  
  
Social Support Changes:  
No changes in her family or social support network have occurred.  
  
Intervention:  
Prompted client to fulfill contractual obligations so that she may continue to stay overnight at the shelter.  
  
Assessment:  
Stephanie appears friendly, attentive, She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Judgment appears intact. There are signs of anxiety. There are no signs of hyperactive or attentional difficulties. Stephanie's behavior in the session was cooperative and attentive with no gross behavioral abnormalities.  
  
Plan:  
Continue to prompt client to fulfill contractual obligations as needed and encourage client to participate in programming plans.  
  
History of Risk Factors:  
\*History of Alcohol or Substance Abuse  
\*History of Abuse:  
  
Current Risk Factors:  
\*Absent or Weak Support System:  
\*Experiencing Severe Anxiety or Panic  
\*Serious Current Medical Problems  
  
Suicide Risk Assessment:  
She denies suicidal ideas or intentions.  
  
Suicide Risk:

Service Location

Turn

Audit Log

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#1 Signed By:

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Capture Signature  
#3 Signed By:

1 of 1

7/30/23, 6:52 PM